State of California-Health and Human Services Agency
Department of Developmental Services

ANNUAL FAMILY PROGRAM FEE
PAYMENT FORM – SECOND NOTICE
DS 6011 (08/2011)

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Consumer's Name	RC #	UCI #	Fee Assessment Date	Amount Paid

(Please provide information on the back for other siblings receiving regional center services.)

State records do not show a payment for your Annual Family Program Fee. You have been assessed an Annual Family Program Fee of $ _____ for services provided to your child. This fee is required by state law (Welfare and Institutions Code Section 4785). One fee is assessed per family regardless of the number of children receiving services. It is a yearly fee. The annual income amount used to set your fee depends on your family size. Please refer to the chart on the reverse side of this form to determine your fee amount.

If you think you should get a lower fee, talk to your regional center about the documentation necessary for them to determine if you may qualify for a lower fee.

Welfare and Institutions Code Section 4710.5 provides parents with an opportunity to request a fair hearing if you disagree with your fee assessment. If you wish to have your fee assessment reviewed under this statute, you must complete a Fair Hearing Request form within 30 days of the assessment date. You may access this form through the regional center, or, through the department's website www.dds.ca.gov, form number DS1805.

Payment is due upon receipt of this notice. Please include the bottom of this form when you mail your check or money order, made out to "DDS – Annual Family Program Fee". So we can give you credit for the payment, please add the UCI and RC numbers shown above on your check or money order.

If you have any questions regarding your fee, please contact your regional center.

IMPORTANT: DETACH AND RETURN THE BOTTOM PORTION OF THIS STATEMENT WITH YOUR PAYMENT TO ENSURE PROPER CREDIT

Annual Family Program Fee Payment Form
SECOND NOTICE

Indicate Regional Center and UCI # on all inquiries and payments.

Consumer's Name	RC #	UCI #	Fee Assessment Date	Amount Paid

(Please provide information on the back for other siblings receiving regional center services.)
(Confidential Consumer Information - see California Welfare and Institutions Code 4514)

Mail to: State of California
Department of Developmental Services
Annual Family Program Fee
Accounting Section, Room 310, MS 3-7
P. O. Box 944202
Sacramento, CA 94244-2020

Each family with an AFPF eligible child or children receiving services through the regional center are assessed a single annual fee. Please provide information below on other siblings receiving regional center services.

Consumer's Name	RC #	UCI #

Families with annual incomes at or above 800 percent of the Federal Poverty Level (FPL) are assessed an annual fee of $200.00. Families with incomes between 400 and 799 percent of the FPL are assessed an annual fee of $150.00. Families with incomes below 400 percent of the FPL are not assessed a fee. Please use the chart below to estimate your fee amount based on family size and parents' annual income. If you think your income qualifies you for lower fee, please contact the regional center.

FAMILY SIZE	ANNUAL INCOME	FEE	ANNUAL INCOME	FEE	ANNUAL INCOME	FEE
2	$0 -$58,839	**$0.00**	$58,840 - $117,679	**$150.00**	$117,680 - Over	**$200.00**
3	$0 - $74,119	**$0.00**	$74,120 - $148,239	**$150.00**	$148,240 - Over	**$200.00**
4	$0 - $89,399	**$0.00**	$89,400 - $178,799	**$150.00**	$178,800 - Over	**$200.00**
5	$0 - $104,679	**$0.00**	$104,680 - $209,359	**$150.00**	$209,360 - Over	**$200.00**
6	$0 - $119,959	**$0.00**	$119,960 - $239,919	**$150.00**	$239,920 - Over	**$200.00**

For family size larger than above see DDS website: www.dds.ca.gov

Please provide information below on other siblings receiving regional center services.

Consumer's Name	RC #	UCI #